LEARNING MODULE

4

Balancing your commitments to patient & fellow

how much can a fellow practice with a real patient?

Learning Objectives

To identify important considerations for attending physicians who are teaching communication in real patient encounters, including:

- Balancing obligations to the patient as well as to the learner;
- Sharing power with the learner;
- Being transparent about your role and actions during the visit;
- Learning when to intervene.

The challenge of teaching in real-time

Oncology faculty teach in a variety of different clinical settings, and these settings all have different institutional expectations that define your role and influence your decisions about how to participate in a real patient encounter with a learner. These contexts will shape how you intervene. For example, in a fellows' clinic where you are a rotating faculty preceptor and the fellow is the patient's primary oncologist, you would act and teach differently than when you are seeing your own patients in your clinic, and a fellow is spending an afternoon with you.

Many of our teaching modules address activities that occur before or after a patient encounter. In this module we address some common questions that arise while attendings are in clinical encounters with trainees.

How do I introduce myself?

Setting up your role within the visit gets things off on the right foot and avoids confusion later on. You need to make clear in your introduction what your role is going to be and what the fellow's role is going to be. You will have worked this out with the fellow ahead of time. If you are a clinic preceptor, and the patient is the fellow's patient, you might say "I'm the supervising physician today. I just came in to see how things were going." If you are seeing one of your patients, you might say, "I'm working with a fellow today, and she will be talking about your lab tests, and then I'll talk more with you about what they mean."

Key point: Since settings vary so much, and attending preference varies, be explicit about your role to the fellow and to the patient. Don't assume the fellow will know what you want.

If the conversation isn't going well, when should I take over?

Since in Oncotalk Teach we are emphasizing teaching in which learners do some talking, a major decision point for teachers is when to intervene. Specifically, if you think a patient needs something in the encounter that the fellow is not doing, when should an attending step in and take over the conversation?

There is not a single answer to this question. In some cases, you will have the opportunity to shift from a "learner talks" to a "teacher talks" learning opportunity. There are other instances where your obligations to the patient will override your obligations to the fellow. For example, if a patient is becoming distressed and a trainee is not addressing the distress in some way (eg being empathic, acknowledging, etc), then most attendings would eventually step in to address the issue directly.

Key point: If you have decided to step in, the important teaching point occurs later, after you and the trainee are both out of the room: you as the teacher need to acknowledge that you stepped in, identify and explain your reasons, and empathize with the learner, who is likely feeling a bit stepped on, and even a bit shamed. It is also good practice to find ways to step back out, returning the direct line of interview to the fellow if you are the preceptor. This both allows him/her a chance to recover with the patient directly and also returns you to your teaching obligations.

In addition to addressing the learner's emotion, you should view your decision to step in as a teaching opportunity. First, did the learner understand why you stepped in? Can you make your concern explicit? If the learner saw why you stepped in, can the two of you brain storm about what could s/he could do differently next time. Second, what happened after you stepped in? Did you exhibit any behaviors that moved the interview forward? Can the two of you talk about these behaviors and the fellow's ability to use them the next time? If things did not go well, it is still important to debrief this and come up with ideas regarding what the two of you could have done differently next time.

Is it ok for me to take notes?

We take notes while we are watching trainees for a couple of different reasons. First, it helps us stay awake and pay attention. Second, good notes about the process help us remember the learner's goals, anchor our observations to concrete details (when you said x"), and thus give better feedback. Third, sometimes it is a good use of time to take notes that we can give to the patient as a record of what we discussed, which is particularly helpful when discussing treatment options.

Key point: If you want to take notes, explain to everyone at the beginning, so they won't be wondering for the entire visit what you are doing.

What if my pager goes off during the visit?

This is inevitable, so the issue is: how do you explain what you are going to do to the patient and to the fellow? Again, be explicit with them both.

Key point: This depends on your role and what you are doing when it goes off. If you are precepting a fellow's patient and it goes off while the fellow is talking, it might be reasonable for you to step out of the room to answer the page with a brief acknowledgment ("I'll return in a minute"). If you are in the middle of talking yourself, you might need to excuse yourself when the first opportunity arises ("Would you mind if I answer this now? I'll be right back"). You may want to acknowledge the interruption for the patient in an empathic way ("I know it is disruptive to your thinking so I apologize"). Or it might be ok to ask the fellow to answer the page for you and get you if it's urgent. Recall however, that in this case you are directing the fellow in a way that they

will miss part of an encounter. Whatever decision you make is a teaching opportunity with the learner once the interview is over.

Conclusion

Being a teacher in a real patient encounter challenges your commitment to the patient and your commitment to the learner. In any instance you may prioritize one or the other. Once you have decided, though, you can acknowledge what is happening and explain what you are doing. A faculty intervention might have felt good to you, but it might have felt bad for the fellow. Your awareness of how fellows feel and your ability to create shame should guide your debriefing. Remember that the way you treat learners should parallel the way you treat patients—let them lead the way, and treat them with respect.